	-	Chicago IL 60601-0000					
		33 S State St 5th Floor					
	-	Help at Home					
	hall pay Order di	\$91.15 (☐ monthly, ☐ semi-monthly, ✓ weekly, or ☐ bi-weekly) to the cl recting payment shall be issued to the debtor's employer at the following address:	napter 13 trustee. Unl	ess otherwise ordered by the			
2.2		(s) will make payments to the trustee as follows:					
fewer tha		hall be for a period of60 months, not to be less than 36 months or less than 6 nths of payments are specified, additional monthly payments will be made to the ellan.					
2.1	Length	of Plan.					
Part 2:	Plan P	ayments and Length of Plan					
1.3	Nonstar	ndard provisions, set out in Part 8.	_ Included	✓ Not Included			
1.2	set out	nce of a judicial lien or nonpossessory, nonpurchase-money security interest, in Section 3.4.	Included	✓ Not Included			
1.1	a partia	on the amount of a secured claim, set out in Section 3.2, which may result in all payment or no payment at all to the secured creditor	✓ Included	Not Included			
11	A 70 00	plan includes each of the following items. If an item is checked as "Not Included provision will be ineffective if set out later in the plan.		1			
		The following matters may be of particular importance. Debtors must check on	e box on each line t	o state whether or not the			
		The plan does not allow claims. Creditors must file a proof of claim to be paid u	nder any plan that m	ay be confirmed.			
		If you oppose the plan's treatment of your claim or any provision of this plat to confirmation on or before the objection deadline announced in Part 9 of (Official Form 309I). The Bankruptcy Court may confirm this plan without is filed. See Bankruptcy Rule 3015.	the Notice of Chapt	er 13 Bankruptcy Case			
		You should read this plan carefully and discuss it with your attorney if you have an attorney, you may wish to consult one.					
To Creditors:		Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated.					
		In the following notice to creditors, you must check each box that applies					
		debts must be provided for in this plan.					
To Debt	ors:	This form sets out options that may be appropriate in some cases, but the p indicate that the option is appropriate in your circumstances or that it is pe do not comply with local rules and judicial rulings may not be confirmable.	rmissible in your ju	dicial district. Plans that			
Part 1:	Notice	S					
Chapt	ter 13 I	Plan and Motions for Valuation and Lien Avoidance		12/17			
(If known))		3.2, 3.5				
Case nu		25-50149		the sections of the plan that			
		SOUTHERN DISTRICT OF nkruptcy Court for the MISSISSIPPI	✓ Check if the	his is an amended plan, and			
Debtor 2 (Spouse, if filing)		Ben Terrell Full Name (First, Middle, Last)					
Debtor	1	Full Name (First, Middle, Last)					
Debtor		nation to identify your case: Robin Lachelle Terrell					

Debtor		obin Lachelle Terrell en Terrell		Case number	25-50149			
Joint Deb court, an	otor shall p Order dire	ay (monthly, cting payment shall be issu	semi-monthly, weekly, or ned to the joint debtor's empl	bi-weekly) to the chapter oyer at the following address	13 trustee. Unless otherwise:	e ordered by the		
	_							
2.3	Income t	ax returns/refunds.						
		that apply Debtor(s) will retain any e	xempt income tax refunds rec	ceived during the plan term.				
			trustee with a copy of each income tax return filed during the plan term within 14 days of filing the to the trustee all non-exempt income tax refunds received during the plan term.					
		Debtor(s) will treat income	e refunds as follows:					
	tional pay	ments.						
Checi		None. If "None" is checke	d, the rest of § 2.4 need not b	pe completed or reproduced.				
Part 3:	Treatme	ent of Secured Claims						
3.1	Mortgag	es. (Except mortgages to	be crammed down under 11	1 U.S.C. § 1322(c)(2) and ide	entified in § 3.2 herein.).			
✓ Insert	None. If	that apply. "None" is checked, the re al claims as needed.	st of § 3.1 need not be compl	eted or reproduced.				
3.2	Motion for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one							
			d, the rest of § 3.2 need not b agraph will be effective only	oe completed or reproduced. if the applicable box in Part	1 of this plan is checked.			
		amounts to be distributed t at the lesser of any value s	o holders of secured claims, out forth below or any value se	J.S.C. § 506(a) and § 1325(a) debtor(s) hereby move(s) the et forth in the proof of claim. the Notice of Chapter 13 Bar	court to value the collateral Any objection to valuation s	described below hall be filed on		
		of this plan. If the amount treated in its entirety as an	of a creditor's secured claim unsecured claim under Part 5	ant of the secured claim will be is listed below as having no voto of this plan. Unless otherwishs over any contrary amounts	value, the creditor's allowed se ordered by the court, the a	claim will be		
Name of	f creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*		
Action Finance	e	\$2,084.93	2002 Isuzu Trooper LS 267,570 miles	\$2,767.50	\$2,084.93	10.00%		
Name of	f creditor	Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*		
Money Lender	s	\$3,950.56	1996 Chevy S14, 1988 Ford F15, 1994 Chevy 1994	\$5,000.00	\$3,950.56	10.00%		

Debtor		Robin Lachelle Terrell Ben Terrell		Case number	25-50149	
Name	of credito	r Estimated amount of creditor's total claim #	Collateral	Value of collateral	Amount of secured claim	Interest rate*
MS Ti Loan	tle	\$6,282.00	2004 Chevrolet Impala LS 287,478 miles	\$3,037.50	\$3,037.50	10.00%
Insert a	dditional c	claims as needed.				
#For m	obile home	es and real estate identified i	in § 3.2: Special Claim fo	r taxes/insurance:		
-NON		f creditor	Collateral	Amount per month	Begin	ning
* Unles	s otherwise	e ordered by the court, the i	nterest rate shall be the cu	urrent Till rate in this District		
For ve	hicles iden	tified in § 3.2: The current i	nileage is			
3.3	Secured	claims excluded from 11	U.S.C. § 506.			
Che	eck one. ✓	None. If "None" is checke	ed, the rest of § 3.3 need t	not be completed or reproduced.		
3.4	Motion	to avoid lien pursuant to 1	11 U.S.C. § 522.			
Check o	one. 🗸	None. If "None" is checke	ed, the rest of § 3.4 need t	not be completed or reproduced.		
3.5	Surrend	ler of collateral.				
	Check o ☐ ✓	None. <i>If "None" is checked</i> The debtor(s) elect to surre that upon confirmation of	ender to each creditor list this plan the stay under 1	not be completed or reproduced. ed below the collateral that secure 1 U.S.C. § 362(a) be terminated a bwed unsecured claim resulting fr	s to the collateral only and t	hat the stay
		Name of Creditor			Collateral	
	n Finance)		Household Goods Household Goods		
	Heritage mark Fina	ıncial Ser		Household Goods		
	y Lenders			Household Goods		
	blic Finar			Household Goods		
United	d Credit C	Corp		Household Goods		
Insert a Part 4:		claims as needed. nent of Fees and Priority (Claims			
4.1			ity claims, including dom	estic support obligations other tha	an those treated in § 4.5, wil	l be paid in full
4.2	Trustee Trustee'	's fees s fees are governed by statu	ite and may change during	g the course of the case.		

4.3

Attorney's fees.

Debtor	Robin Lachelle Terrell Ben Terrell	Case number	25-50149 			
	✓ No look fee: 4,000.00					
	Total attorney fee charged:	\$4,000.00				
	Attorney fee previously paid:	\$0.00				
	Attorney fee to be paid in plan per confirmation order:	\$4,000.00				
	Hourly fee: \$ (Subject to appr	roval of Fee Application.)				
4.4	Priority claims other than attorney's	fees and those treated in § 4.5.				
	Check one. None. If "None" is checked, the	ne rest of § 4.4 need not be completed or reproduced.				
4.5	Domestic support obligations.					
	None. If "None" is checked, the	he rest of § 4.5 need not be completed or reproduced.				
Part 5: 5.1	Treatment of Nonpriority Unsecured Nonpriority unsecured claims not sep					
↓	Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. <i>Check all that apply</i> . The sum of \$ 5,938.86 % of the total amount of these claims, an estimated payment of \$ The funds remaining after disbursements have been made to all other creditors provided for in this plan.					
		idated under chapter 7, nonpriority unsecured claims ove, payments on allowed nonpriority unsecured clain				
5.2	Other separately classified nonpriorit	y unsecured claims (special claimants). Check one.				
	None. If "None" is checked, the	ne rest of § 5.3 need not be completed or reproduced.				
Part 6:	Executory Contracts and Unexpired	Leases				
6.1	The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. <i>Check one</i> .					
	None. If "None" is checked, the	the rest of \S 6.1 need not be completed or reproduced.				
Part 7:	Vesting of Property of the Estate					
7.1	Property of the estate will vest in the	debtor(s) upon entry of discharge.				
Part 8:	Nonstandard Plan Provisions					
8.1	Check "None" or List Nonstandard F None. If "None" is checked, the	Plan Provisions the rest of Part 8 need not be completed or reproduced	I.			
Part Q.	Signatures:					

Debtor	Robin Lachelle Terrell Ben Terrell	Case number 25-50149	
	gnatures of Debtor(s) and Debtor(s)' Attor s) and attorney for the Debtor(s), if any, mus	ney sign below. If the Debtor(s) do not have an attorney, the Debtor(s) must provide the	rir
	dress and telephone number. bin Lachelle Terrell	X /s/ Ben Terrell	
	n Lachelle Terrell	Ben Terrell	
	ure of Debtor 1	Signature of Debtor 2	
Execu	ted on April 7, 2025	Executed on April 7, 2025	
380 S	pruce St.	380 Spruce St.	
Addre	SS	Address	
Heide	elberg MS 39439-0000	Heidelberg MS 39439-0000	
City, S	State, and Zip Code	City, State, and Zip Code	
Teleph	none Number	Telephone Number	
X /s/ Th	omas C. Rollins, Jr.	Date April 7, 2025	
	as C. Rollins, Jr. 103469	-	
	ure of Attorney for Debtor(s)		
	Box 13767		
	son, MS 39236	_	
	ss, City, State, and Zip Code	400 400 110	
	00-5533	103469 MS	
	none Number	MS Bar Number	

Email Address